

TOWN OF SOUTHAMPTON



Main Office
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968
Phone: (631) 287-5740
Fax: (631) 283-5606

OFFICE OF TOWN CLERK
SUNDY A. SCHERMEYER

Town Clerk Annex
Phone: (631) 723-2712
Fax: (631) 723-3080
Website:
www.southamptontownny.gov

REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee: \$100.00
(Cash, check or money order payable to "Town of Southampton")

Fingerprinting: Please see attached new procedures.

Fees are non-refundable and due when the application is submitted.

Renewal applications submitted after January 31st is subject to a mandatory \$25.00 late fee.

Applications Accepted: Monday – Friday 8:30 AM – 2:30 PM

Location: Town Clerk's Office, 116 Hampton Road, Southampton

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **DOCTOR'S STATEMENT** -*** Medical Certificate is to be filled out from a doctor licensed to practice medicine in the State of New York stating that applicant has been thoroughly examined within **thirty (30) days** of the completed application and that the applicant is fit to safely operate a licensed vehicle.**** (see attached form)
- **PHOTOGRAPHS**
Two (2) identical photographs (**2 x 2 head and shoulders**) taken no longer than sixty (60) days prior to submission of completed application.
- **DRIVER'S LICENSE**
Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

ADDITIONAL INFORMATION FOR NEW APPLICANTS:

FINGERPRINT PROCESSING

- 1. All new applicants and non-consecutive yearly renewals must be fingerprinted.**
- 2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.**

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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2012

APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____
Date: _____
Initials: _____
Business Taxi # _____

PERSONAL DATA:

Date: ____/____/____

Name: _____
Last First Middle Initial

Taxi Business Name that you are employed with: _____

Any names previously used: _____

Cell Telephone No: (____) _____ Alternate Telephone No.: _____

Address (Local): _____

Address (Legal/Mailing, if different from above): _____

- Marital Status: _____ Eye Color: _____ Hair Color: _____ Height: _____
- Weight: _____ Date of Birth: _____ Place of Birth: _____
- Social Security Number: _____
- NYS Driver's License I.D. #: _____ Class: _____
- Authorization to Conduct Examination of Driving Record: _____ YES _____ NO
- Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? _____ YES _____ NO
 - ◆ If Yes: What Court: _____ Date: _____
 - ◆ Cause: _____
- Have you been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ YES _____ NO
- If Yes, explain _____

Taxi Business Name: _____

Address: _____

Federal Identification Number: _____ Telephone No: _____

Place of business for past five (5) years if different from above:

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: _____ Yes _____ No

If Yes: Type: _____ When: _____ Where: _____

Suspended or revoked: _____ Date and reason for revocation or suspension: _____

I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SAID ANSWERS ARE TRUE AND ACCURATE. ANY CHANGES WITH REGARD TO INFORMATION REGARDING NAME, RESIDENCE, BUSINESS LOCATION AND/OR ANY CHANGE IN THE TELEPHONE NUMBER OF THE PERSON DESIGNATED FOR SERVICE OF LEGAL PROCESS SHALL BE REPORTED IN WRITING TO THE TOWN CLERK WITHIN SEVEN (7) DAYS OF OCCURRENCE. ALL OTHER CHANGES SHALL BE REPORTED TO THE TOWN CLERK WITHIN THIRTY (30) DAYS OF OCCURRENCE.

Signature _____ Date _____

Sworn to before me this _____ day of _____, 20____

Notary Public

**A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Office Use Only:

• License mailed _____

• License picked up _____

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Medical Certification Form for Taxi Operators

This is to certify that I have examined _____
(Name of applicant)

The applicant for a Southampton Taxi Operator's License, on _____,
(Date of exam)

Based on my examination reported herein,

It is my opinion that she or he:

- Is medically fit to safely operate a licensed taxi vehicle.
- Is not medically fit to safely operate a licensed taxi vehicle.

Physician Last Name, First Name

Physician's Signature

Mailing Address

Physician's License #

Phone # () _____

Physician's Stamp

[Empty box for Physician's Stamp]

THIS FORM MUST BE VALIDATED WITH AN OFFICAL STAMP BY PHYISCIAN

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REQUIREMENTS FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st-Midnight

License Fee per vehicle: \$150.00 (Cash or Check)

- Fees are non-refundable and due when the application is submitted.
- Renewal applications submitted after January 31st is subject to a mandatory \$25.00 late fee.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **TITLE**
Copy of the current, valid title.
- **NEW YORK STATE VEHICLE REGISTRATION**
Copy of the current valid registration.
- **NEW YORK STATE INSPECTION CERTIFICATE**
Proof of a valid New York State Inspection certificate.
- **AUTO LIABILITY INSURANCE CERTIFICATE.**
Must include the name, local address and telephone number of the insurance agent and the business owner's license number.

DOCUMENTS TO BE SUBMITTED FOR DMV CERTIFICATE OF TAXI PLATES (Form -MV289)

- **TITLE**
- **INSURANCE CERTIFICATE**
- **COPY OF BUSINESS CERTIFICATE**

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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APPLICATION FOR VEHICLE LICENSE:
TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____
Date: _____
Initials: _____
Business Taxi # _____

All questions must be answered. Failure to properly complete the application in full may cause a delay in the issuance of your license. This application will expire 90 days from the date submitted if it is not completed in full.

Name of Business: _____

Name of Business Owner: _____

Business Address: _____

Telephone No: (_____) _____ Cell Telephone No: (_____) _____

VEHICLE INFORMATION:

Name of Owner of Vehicle: _____

Address (Mailing and Legal): _____

Vehicle Registration # _____ Plate #: _____

Year _____ Model _____ Make _____ Seats _____

I have answered the foregoing questions to the best of knowledge and belief and swear that said answers are true and accurate. The Insurance Company shall provide the Town of Southampton with 30 days prior written notice of cancellation and; name, local address and telephone number of the insurance agent. A false statement made herein is punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

SIGNATURE OF APPLICANT/ DATE

Sworn to before me this _____ day of _____, 20_____

Notary Public

- License Mailed _____ License Picked up _____

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REQUIREMENTS FOR BUSINESS OWNER'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee: \$750.00

(Cash, check or money order payable to "Town of Southampton")

Fees are non-refundable and due when the application is submitted.
Renewal applications submitted after January 31st is subject to a mandatory \$25.00 late fee.

Applications Accepted: Monday – Friday 8:30 AM – 2:30 PM

Location: Town Clerk's Office, 116 Hampton Road, Southampton

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **RATES SCHEDULE:**
Rates and Fares and Business Name must be clearly typed and listed **on enclosed** Taxi Rate Sheet or obtain CD from the Town Clerk's Office.
- **BUSINESS REGISTRATION (D/B/A), CORP., or PARTNERSHIP NAME & TAX ID**
Business Certificate should be attached.
- **NAMES AND ADDRESSES OF ALL VEHICLE OPERATORS and TRAINING COURSE CERTIFICATE(S).**
- **COPY OF VALID DRIVER'S LICENSE.**
- **NOTARIZED STATEMENT FROM PERSON RESIDING IN SUFFOLK COUNTY DESIGNATED TO ACCEPT PROCESS OR LEGAL NOTICE.**

PLEASE NOTE: Town Clerk's Additional Fees:

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APPLICATION FOR BUSINESS OWNER LICENSE: TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____

Date: _____

Initials: _____

All questions must be answered. Failure to properly complete the application in full may cause a delay in the issuance of your license. This application will expire 90 days from the date submitted if it is not completed in full.

BUSINESS DATA:

Business Name: _____

Business Owner Name: _____

Address: _____

Business e-mail address: _____

Federal Identification Number: _____ Telephone No: _____

Place of business for past five (5) years if different from above:

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: _____ Yes _____ No

If Yes: Type: _____ When: _____ Where: _____

How long: _____ Suspended or revoked: _____

Date and reason for revocation or suspension: _____

Are there copies of any certificates on file with County Clerk, NYS Secretary of State or other appropriate office: _____ Yes _____ No

State Names: _____
(Attach copy of certificate(s))

